



# QUALITY AWARD

# \$100

Presented to: \_\_\_\_\_ Recipient EIN: \_\_\_\_\_

Division/Office: \_\_\_\_\_ Recipient Org: \_\_\_\_\_

Thank you for: \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

Division/Office: \_\_\_\_\_ Issuer Org: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Low Org: \_\_\_\_\_

Bureau Director of Billing Low Org

# \$100

**Submit Award to Finance for Processing**

Control Number

Entered into Payroll

By: \_\_\_\_\_

Date: \_\_\_\_\_



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